| 43 | OCONTO | | | 44 ONEIDA | | | OUTAGAMIE | | |
|--|-------------|-------------------------|---|-------------|-------------------------|---|--------------|-------------------------|--|
| Designated Coordinator | | | Designated Coordinator | | | Designated Coordinator | | | |
| Julie Whitworth Oconto Co Dept of Health & Human Srvcs 501 Park Ave Oconto, WI 54153 | | | Ann Cleereman, Director The HS Ctr – Forest/Oneida/Vilas Co 705 E Timber Dr / PO Box 897 Rhinelander, WI 54501-0897 | | | Diane Doden, MH/AODA Mgr Outagamie Co Health & Human Services 401 S Elm St Appleton, WI 54911 | | | |
| T : 9 | 20/834-7000 | F : 920/834-6889 | T : 7 | 15/369-2215 | F : 715/369-2214 | T: 9 | 920/832-5270 | F : 920/832-5488 | |
| Assessment Facility Contact | | | Assessment Facility Contact | | | Assessment Facility Contact | | | |
| Barb Rasmussen | | | Tamara Feest, CADCIII, RCS, IDP-AT | | | James Caruthers | | | |
| Address, telephone, fax same as above | | | Address, telephone, fax same as above | | | Theda Care Behavioral Health Services 1095 Midway Rd Menasha, WI 54952 | | | |
| T: | | F: | T: | | F: | T: 9 | 920/720-3728 | F : 920/720-3719 | |
| Assessment Charge \$ 200.00 Flat fee | | | Assessment Charge \$ 200.00 Flat fee \$ 100.00 Failed appointment | | | Assessment Charge \$ 195.00 Flat fee \$ 50.00 Failed appointment | | | |

| 46 | OZA | UKEE | 47 PEPIN | | 48 | PIERCE | | | |
|---|---|------|--|---|-------------------------|--|--|-------------------------|--|
| Designated Coordinator | | | Designated Coordinator | | | Designated Coordinator | | | |
| Joan Kojis, MH/AODA Coordinator Ozaukee Co Dept of Community Programs 121 W Main St Port Washington, WI 53074-0994 | | | | Phil Wicktor, Deputy Director Pepin Co Dept of Human Services 740 7th Ave West Durand, WI 54736 | | | Kimberly Thompson Pierce Co Dept of Human Services 412 W Kinne St / PO Box 670 Ellsworth, WI 54011 | | |
| T : 2 | Γ : 262/284-8200 F : 262/284-8104 | | T : 715/672-8941 | | F : 715/672-8593 | T : 715/273-6770 | | F : 715/273-6862 | |
| Assessment Facility Contact | | | Assessment Facility Contact | | | Assessment Facility Contact | | | |
| Lyne | Lynette Bauer | | | Pam Haukeness | | | Gary Holden, Reggie Christiansen | | |
| Address and fax same as above | | | Arbor Place 320 21st St NE Menomonie, WI 54751 | | | Address, telephone, fax same as above | | | |
| T : 2 | 262/284-8130 | F: | T : 7 | 15/235-4537 | F : 715/235-4535 | T: | | F: | |
| Assessment Charge \$ 250.00 Flat fee \$ 80.00 Reinstate \$ 80.00 Amend DSP | | | Assessment Charge \$ 200.00 Flat fee \$ 200.00 Failed appointment \$ 100.00 Reschedule | | | Assessment Charge \$ 237.00 Flat fee | | | |